

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILED DATE				
							APPLICANT(S)					
CLAIMS												
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT								
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP	
1								51				
2								52				
3								53				
4								54				
5								55				
6								56				
7								57				
8								58				
9								59				
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42								92				
43								93				
44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL NO.		TOTAL DEP.		TOTAL CLAIMS		TOTAL NO.		TOTAL DEP.		TOTAL CLAIMS		
10		9		19		11		19		30		

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